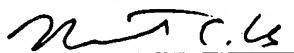




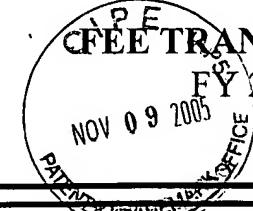
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number ASC-049C1															
<table border="1"> <tr> <td colspan="2">In re Application of Fitzgerald et al.</td> </tr> <tr> <td colspan="2">Application Serial No. 10/774,890</td> </tr> <tr> <td colspan="2">Filed: February 9, 2004</td> </tr> <tr> <td>Group Art Unit: 2818</td> <td>Examiner: Tran, Mai Huong C.</td> </tr> </table>			In re Application of Fitzgerald et al.		Application Serial No. 10/774,890		Filed: February 9, 2004		Group Art Unit: 2818	Examiner: Tran, Mai Huong C.							
In re Application of Fitzgerald et al.																	
Application Serial No. 10/774,890																	
Filed: February 9, 2004																	
Group Art Unit: 2818	Examiner: Tran, Mai Huong C.																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p>																	
<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>One month (37 CFR 1.17(a)(1))</td> <td>\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$															
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$															
<p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$___. </p>																	
<p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 07-1700. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 07-1700.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p>																	
<p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p>																	
<p>Registration number if acting under 37 CFR 1.34. ___. </p>																	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK															
<p>Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414</p>		<p>Respectfully submitted,  Natasha C. Us Attorney for Applicant(s) Goodwin Procter LLP Exchange Place Boston, MA 02109</p>															

VER 12/00

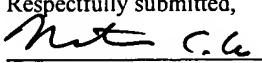
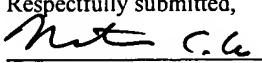
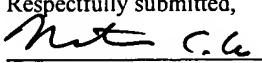
11/10/2005 MWOLDGE1 00000035 10774890

01 FC:1251

120.00 0P



Complete if Known	
Application Serial Number	10/774,890
Filing Date	February 9, 2004
First Named Inventor	Fitzgerald
Group Art Unit	2818
Examiner Name	Tran, Mai Huong C.
Attorney Docket No.	ASC-049C1

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td>120.00</td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1020</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1590</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2160</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1000</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>400</td><td>400</td><td>Petitions to the Commissioner (Gp. I)</td><td></td></tr> <tr><td>200</td><td>200</td><td>Petitions to the Commissioner (Gp. II)</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner (Gp. III)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>130</td><td>65</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr> </tbody> </table>		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		120	60	Extension for reply within first month	120.00	450	225	Extension for reply within second month		1020	510	Extension for reply within third month		1590	795	Extension for reply within fourth month		2160	1080	Extension for reply within fifth month		500	250	Notice of Appeal		500	250	Filing a brief in support of an appeal		1000	500	Request for oral hearing		400	400	Petitions to the Commissioner (Gp. I)		200	200	Petitions to the Commissioner (Gp. II)		130	130	Petitions to the Commissioner (Gp. III)		180	180	Submission of Information Disclosure Statement		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		130	65	Submission of Terminal Disclaimer		Other fee (Specify)				Other fee (Specify)																																																								
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																	
130	65	Surcharge - late filing fee or oath																																																																																																																																																		
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																																																																																		
130	130	Non-English specification																																																																																																																																																		
2,520	2,520	Request for ex parte reexamination																																																																																																																																																		
120	60	Extension for reply within first month	120.00																																																																																																																																																	
450	225	Extension for reply within second month																																																																																																																																																		
1020	510	Extension for reply within third month																																																																																																																																																		
1590	795	Extension for reply within fourth month																																																																																																																																																		
2160	1080	Extension for reply within fifth month																																																																																																																																																		
500	250	Notice of Appeal																																																																																																																																																		
500	250	Filing a brief in support of an appeal																																																																																																																																																		
1000	500	Request for oral hearing																																																																																																																																																		
400	400	Petitions to the Commissioner (Gp. I)																																																																																																																																																		
200	200	Petitions to the Commissioner (Gp. II)																																																																																																																																																		
130	130	Petitions to the Commissioner (Gp. III)																																																																																																																																																		
180	180	Submission of Information Disclosure Statement																																																																																																																																																		
790	395	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																																																																		
790	395	For each additional invention to be examined (37 CFR 1.129(b))																																																																																																																																																		
100	100	Certificate of Correction for applicant's error																																																																																																																																																		
130	65	Submission of Terminal Disclaimer																																																																																																																																																		
Other fee (Specify)																																																																																																																																																				
Other fee (Specify)																																																																																																																																																				
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		1. FILING/SEARCH/EXAM/SIZE FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td><td></td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td><td></td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td><td></td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td><td></td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td><td></td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td><td></td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td><td></td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td><td></td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>- 20 =</td><td>x \$ 50.00 =</td><td></td></tr> <tr><td>Independent Claims</td><td>- 3 =</td><td>x \$200.00 =</td><td></td></tr> <tr><td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$360.00 =</td><td></td></tr> <tr><td colspan="4">TOTAL:</td></tr> <tr><td colspan="2">SMALL ENTITY DISCOUNT:</td><td></td><td></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)</td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5">2. AMENDMENT CLAIM FEES</th> </tr> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total</td><td>-</td><td>=</td><td>x \$ 50.00 =</td><td></td></tr> <tr><td>Indep.</td><td>-</td><td>=</td><td>x \$200.00 =</td><td></td></tr> <tr><td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td></td><td>+ \$360.00 =</td><td></td></tr> <tr><td colspan="4">TOTAL:</td><td>(\$)</td></tr> <tr><td colspan="2">SMALL ENTITY DISCOUNT:</td><td></td><td></td><td>(\$)</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td></td><td></td><td>(\$)</td></tr> <tr><td colspan="5">SUBTOTAL (1) (\$)</td></tr> <tr><td colspan="5">SUBTOTAL (2) (\$)</td></tr> <tr><td colspan="5">SUBTOTAL (3) (\$)</td></tr> <tr><td colspan="5">TOTAL (\$)</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">CORRESPONDENCE ADDRESS</th> <th colspan="2">SIGNATURE BLOCK</th> </tr> </thead> <tbody> <tr> <td colspan="2">Direct all correspondence to:</td> <td colspan="2"> Respectfully submitted,  Natasha C. Us Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1806 Fax No.: (617) 523-1231 Customer No. 051414 </td> </tr> <tr> <td colspan="2"> Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414 </td> <td colspan="2"> Date: November 7, 2005 Reg. No.: 44,381 Tel. No.: (617) 570-1806 Fax No.: (617) 523-1231 </td> </tr> </tbody> </table>		Large Entity		Fee (\$)	Fee Description	Fee Paid	300	Utility filing fee				500	Utility search fee				200	Utility exam fee				250	Utility size fee (each add'l 50 pgs. over 100)				200	Design filing fee				100	Design search fee				130	Design exam fee				250	Design size fee (each add'l 50 pgs. over 100)				Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 50.00 =		Independent Claims	- 3 =	x \$200.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$360.00 =		TOTAL:				SMALL ENTITY DISCOUNT:				SUBTOTAL (1)		(\$)		2. AMENDMENT CLAIM FEES					Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 50.00 =		Indep.	-	=	x \$200.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00 =		TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$)	SUBTOTAL (1) (\$)					SUBTOTAL (2) (\$)					SUBTOTAL (3) (\$)					TOTAL (\$)					CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		Direct all correspondence to:		Respectfully submitted,  Natasha C. Us Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1806 Fax No.: (617) 523-1231 Customer No. 051414		Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		Date: November 7, 2005 Reg. No.: 44,381 Tel. No.: (617) 570-1806 Fax No.: (617) 523-1231	
Large Entity		Fee (\$)	Fee Description	Fee Paid																																																																																																																																																
300	Utility filing fee																																																																																																																																																			
500	Utility search fee																																																																																																																																																			
200	Utility exam fee																																																																																																																																																			
250	Utility size fee (each add'l 50 pgs. over 100)																																																																																																																																																			
200	Design filing fee																																																																																																																																																			
100	Design search fee																																																																																																																																																			
130	Design exam fee																																																																																																																																																			
250	Design size fee (each add'l 50 pgs. over 100)																																																																																																																																																			
Number Filed	Number Extra	Rate	Amount																																																																																																																																																	
Total Claims	- 20 =	x \$ 50.00 =																																																																																																																																																		
Independent Claims	- 3 =	x \$200.00 =																																																																																																																																																		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$360.00 =																																																																																																																																																		
TOTAL:																																																																																																																																																				
SMALL ENTITY DISCOUNT:																																																																																																																																																				
SUBTOTAL (1)		(\$)																																																																																																																																																		
2. AMENDMENT CLAIM FEES																																																																																																																																																				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																																																																																
Total	-	=	x \$ 50.00 =																																																																																																																																																	
Indep.	-	=	x \$200.00 =																																																																																																																																																	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00 =																																																																																																																																																	
TOTAL:				(\$)																																																																																																																																																
SMALL ENTITY DISCOUNT:				(\$)																																																																																																																																																
SUBTOTAL (2)				(\$)																																																																																																																																																
SUBTOTAL (1) (\$)																																																																																																																																																				
SUBTOTAL (2) (\$)																																																																																																																																																				
SUBTOTAL (3) (\$)																																																																																																																																																				
TOTAL (\$)																																																																																																																																																				
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK																																																																																																																																																		
Direct all correspondence to:		Respectfully submitted,  Natasha C. Us Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1806 Fax No.: (617) 523-1231 Customer No. 051414																																																																																																																																																		
Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		Date: November 7, 2005 Reg. No.: 44,381 Tel. No.: (617) 570-1806 Fax No.: (617) 523-1231																																																																																																																																																		